

Web Request Form

South Texas College
The Office of Public Relations and Marketing

_____ To Be Completed By Applicant _____ *Please Print Clearly* _____

Full Name: _____ Date: _____ / _____ / _____
Last Name First Name Middle Name

Dept: _____ Work Phone: _____

Email Address: _____
(Your web account information will be emailed to you at this address)

<input type="radio"/> Faculty <input type="radio"/> Staff <input type="radio"/> Student <input type="radio"/> Work Study <input type="radio"/> Other: _____

Services Requested: *(Check the appropriate items)*

- Create a personal Faculty Website for me
- Create a web liaison account for me to manage an existing STC Department/Division Website
 URL of Website: _____
- Create a STC Department/Division Website
 Department/Division Name: _____

Allow me to be web liaison for this Website
- Create a STC Student Organization Website
 Organization Name: _____

Allow me to be web liaison for this Website

SIGNATURES ON THIS FORM INDICATE AGREEMENT TO AND COMPLIANCE WITH THE FOLLOWING:

I agree that all computer access will be used only for university related work. I also agree to comply with all STC policies governing appropriateness of use and content of information supplied on or through the official STC Website. This applies regardless of whether the information is provided locally or linked from another source. NO COMMERCIAL WORK OF ANY TYPE IS ALLOWED. This account may be used ONLY by the person in whose name it is issued. It will always be the user's responsibility to maintain backup copies of critical files.

x _____ x _____
(Signature of User) *Date* *(Signature of Division Dean or Office Director)* *Date*

Requested By: _____
*(If other than user, requesting party must **print** and then **sign** name & title)*

_____ FOR STC USE ONLY _____

New Dept/Div/Org Name	Web Liaison Fields	Date added, initials and optional notes
	Username: _____ Password: _____ URL of Website: _____ Directory: _____	